VIRGINIA DEPARTMENT OF HEALTH
MEANINGFUL USE REGISTRATION SYSTEM
USER GUIDE AND CHECKLIST

Eligible Professionals

This document includes a user guide and checklist to assist eligible professionals (EP) in registering with the Virginia Department of Health (VDH) for Meaningful Use (MU) public health objectives. **VDH strongly recommends reviewing this entire document prior to starting the registration process.**

The **user guide** includes step-by-step directions to navigate you through the process of creating a user account and registering EPs in the VDH Meaningful Use Registration System.

The **checklist** outlines information needed by EPs to successfully complete a registration form in the VDH Meaningful Use Registration System.

The MU public health objectives available to EPs in Virginia are:

- Cancer Reporting
- Immunization
- Syndromic Surveillance

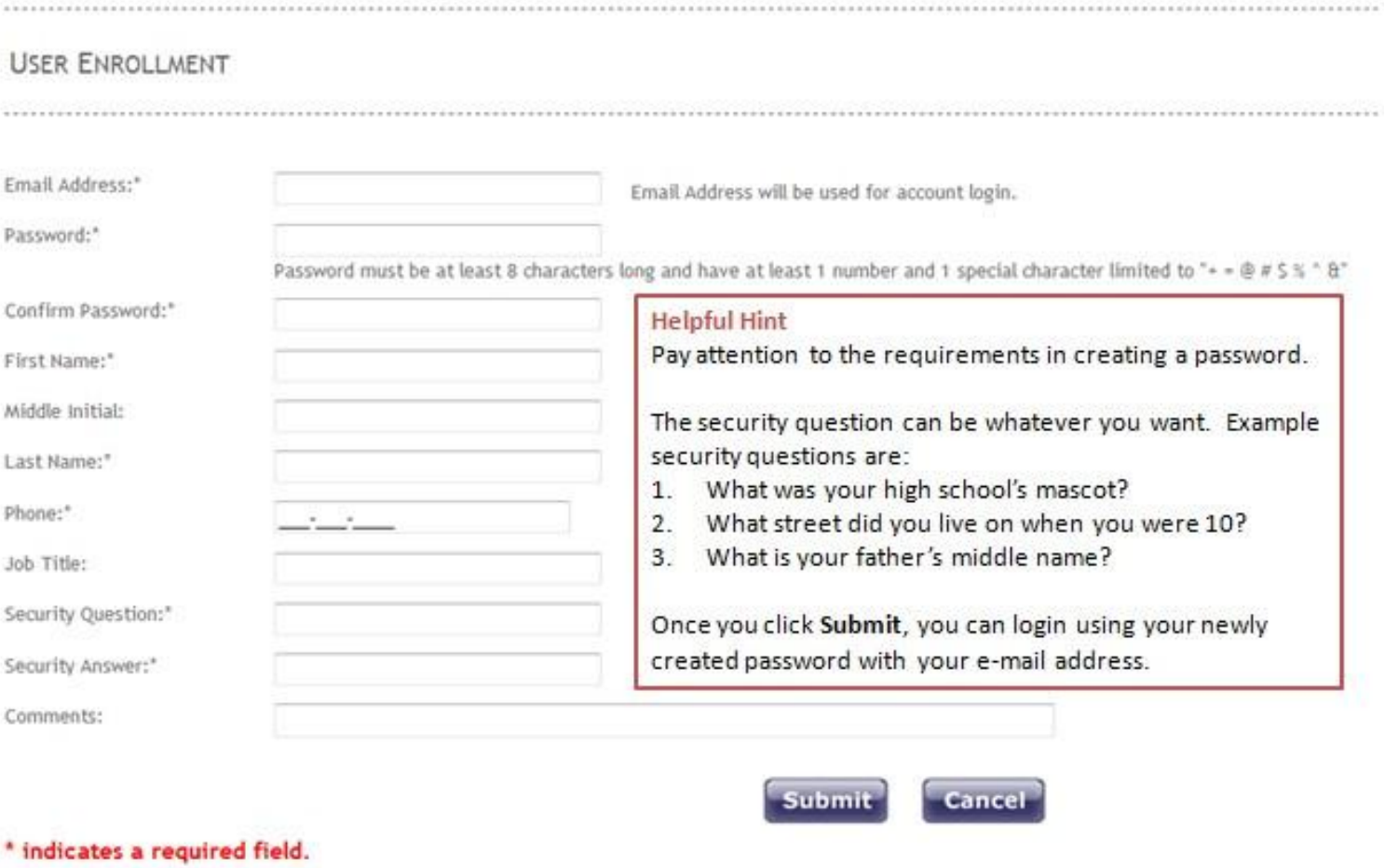
You can find additional resources regarding the onboarding process, transport options, contact information and message specifications for each objective on the VDH MU Website: http://www.vdh.virginia.gov/clinicians/meaningfuluse.

Please contact the VDH Meaningful Use Team (MeaningfulUse@vdh.virginia.gov) with questions or comments.

VDH VIRGINIA DEPARTMENT OF HEALTH

Table of Contents

User Enrollment



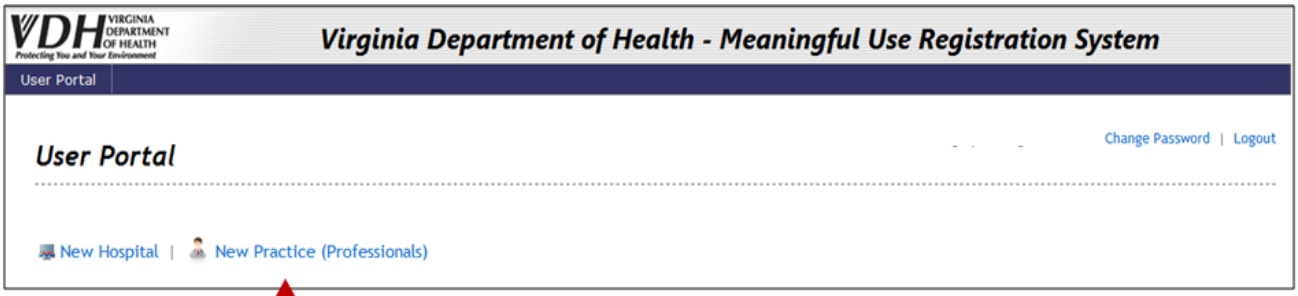
User Login

Helpful Hint

Returning to Website: Enter E-mail address and Password to Login to proceed into the MU Registration System.

Select **Forgot Password** if having issues logging in. You will have an opportunity to reset your password after answering a security question.

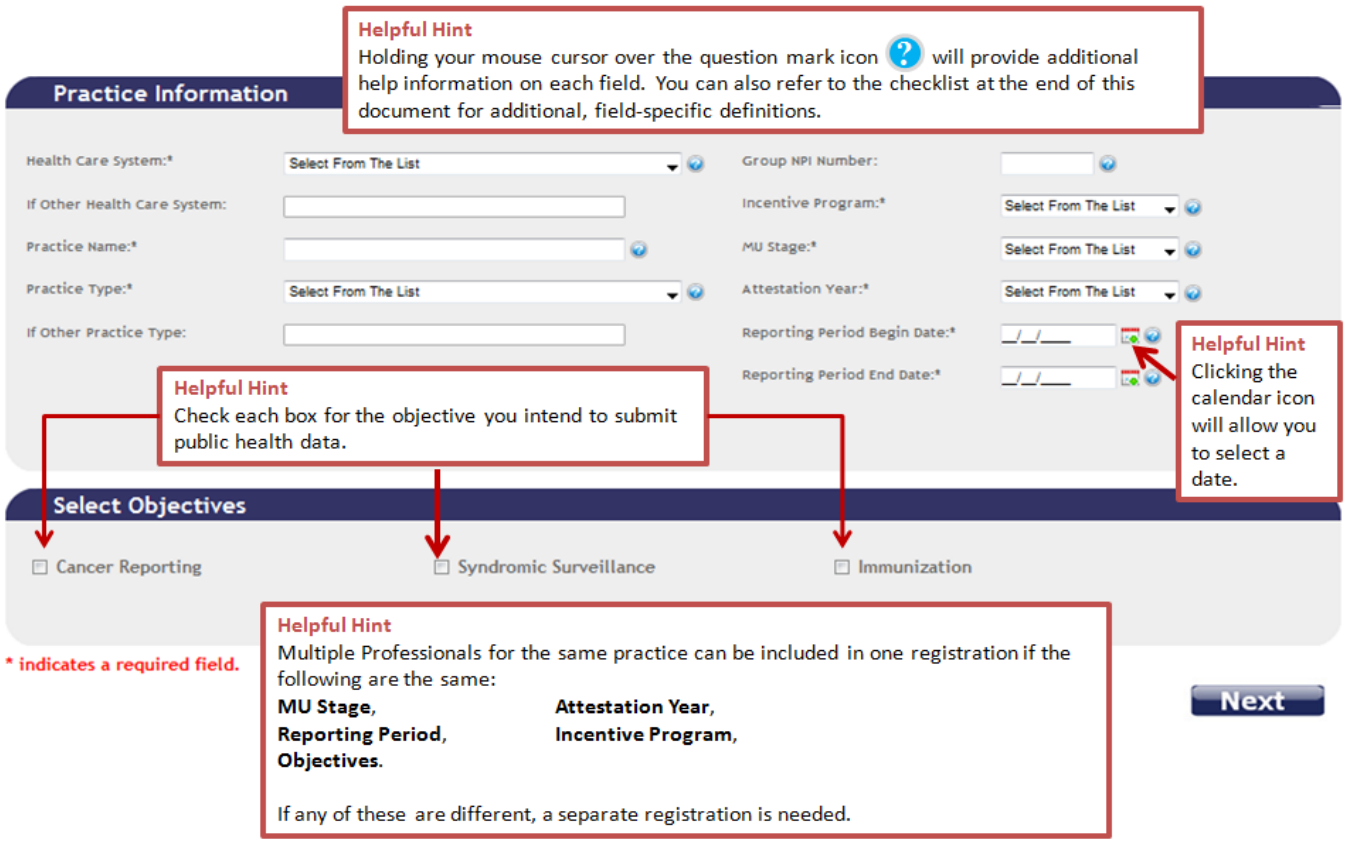
User Portal



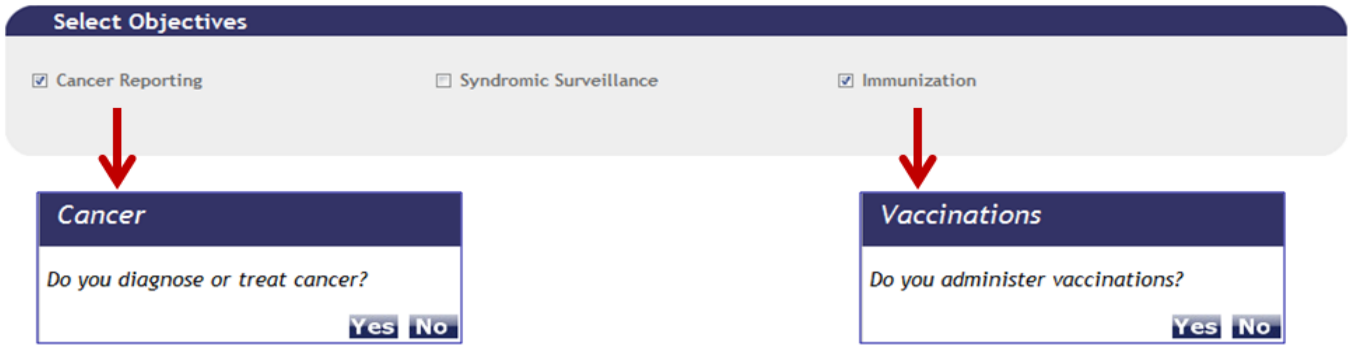
Helpful Hint

Once logged into the MU Registration System, you can register an eligible professional at the User Portal. First, you must select "New Practice (Professionals)" to create a registration.

Practice Registration



Exclusions



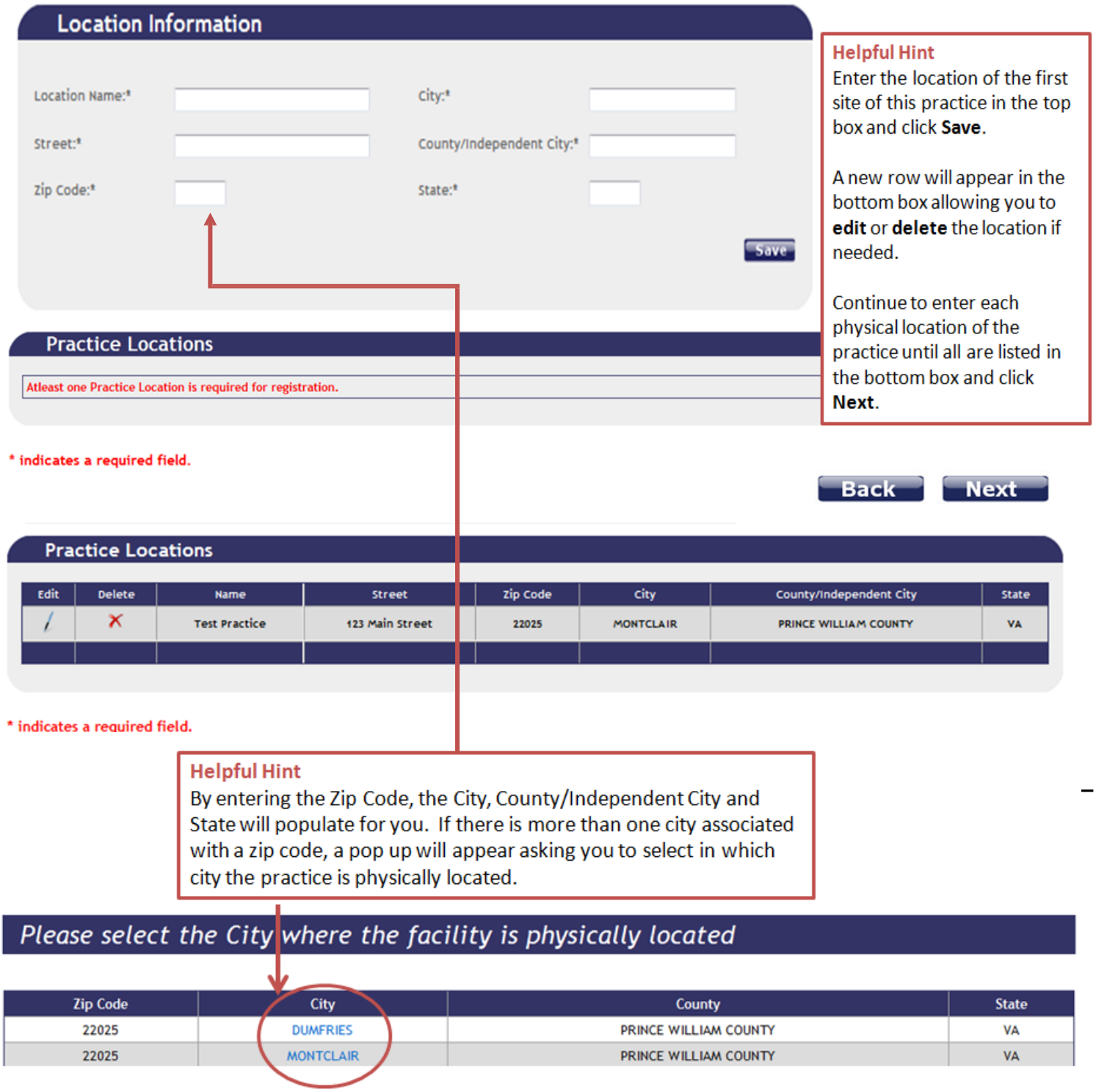
Helpful Hint

If either **Cancer Reporting** or **Immunization** are selected on the Practice Information screen, you will be prompted to answer questions about how you treat patients relating to that objective.

Yes will keep the objective selected.

No will unselect the objective for you. Contact MeaningfulUse@vdh.virginia.gov for official correspondence from VDH on your possibility to apply for an exclusion with Centers for Medicare and Medicaid for that objective.

Practice Location Information



Helpful Hint

Enter the location of the first site of this practice in the top box and click **Save**.

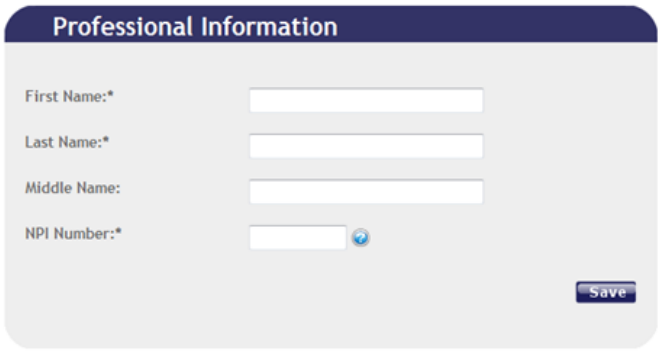
A new row will appear in the bottom box allowing you to **edit** or **delete** the location if needed.

Continue to enter each physical location of the practice until all are listed in the bottom box and click **Next**.

Helpful Hint

By entering the Zip Code, the City, County/Independent City and State will populate for you. If there is more than one city associated with a zip code, a pop up will appear asking you to select in which city the practice is physically located.

Eligible Professional Information

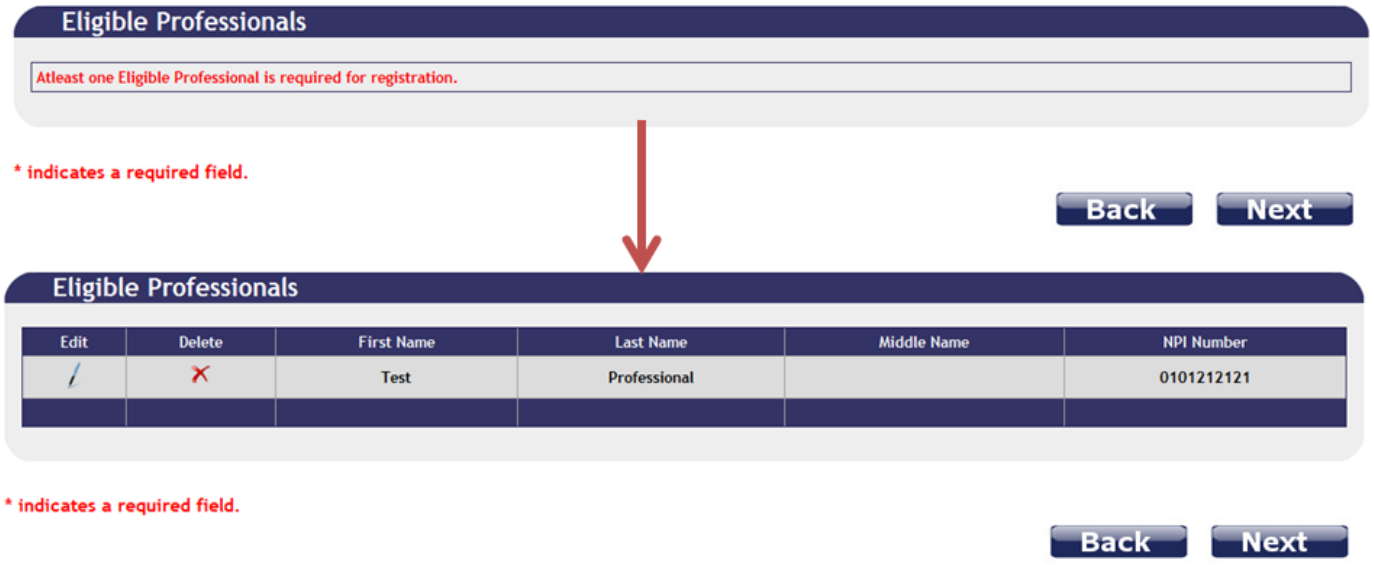


Helpful Hint

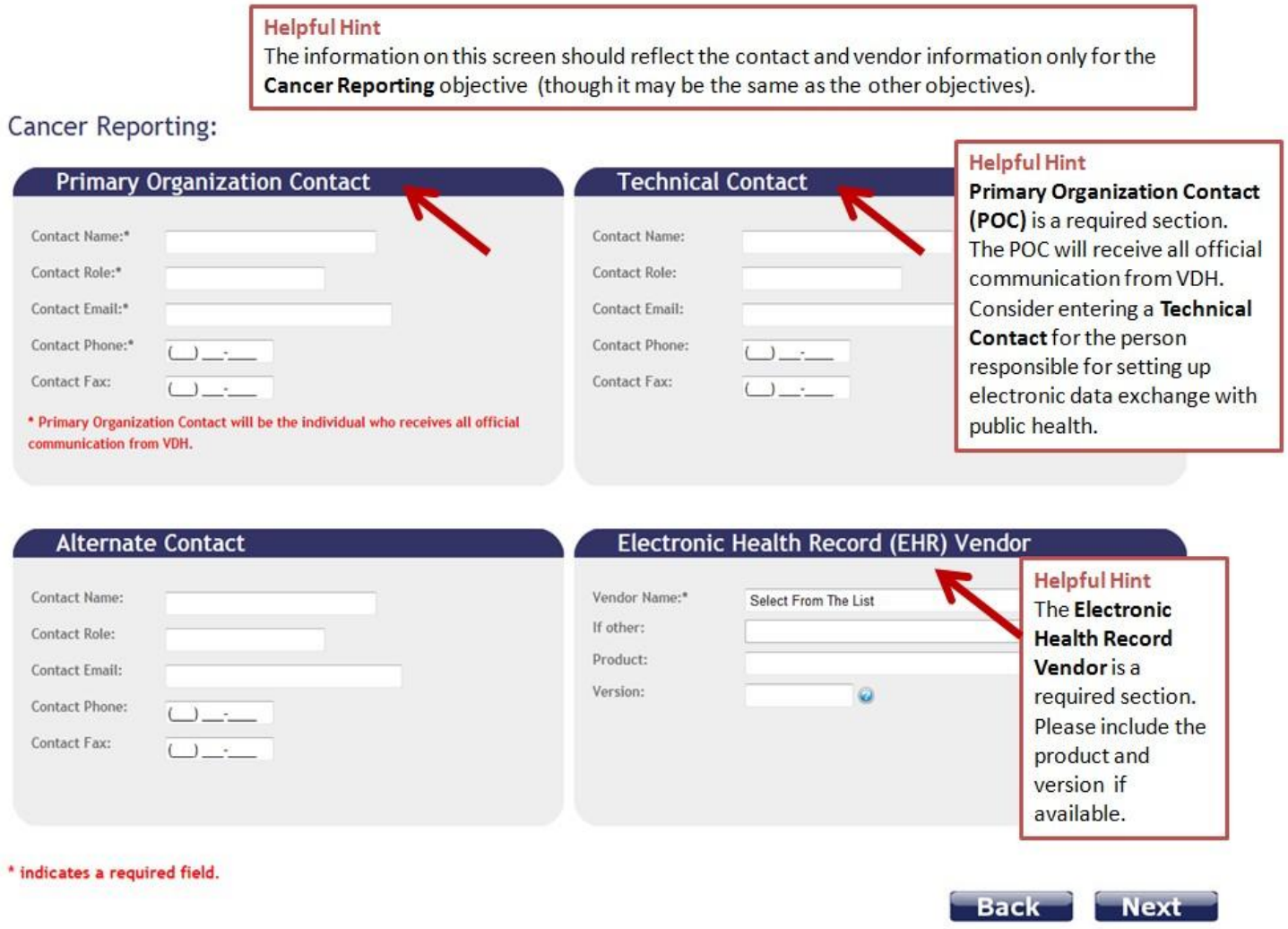
Enter the Name and NPI Number of the professional you are registering in the top box and click **Save**.

A new row will appear in the bottom box allowing you to **Edit** or **Delete** the professional if needed.

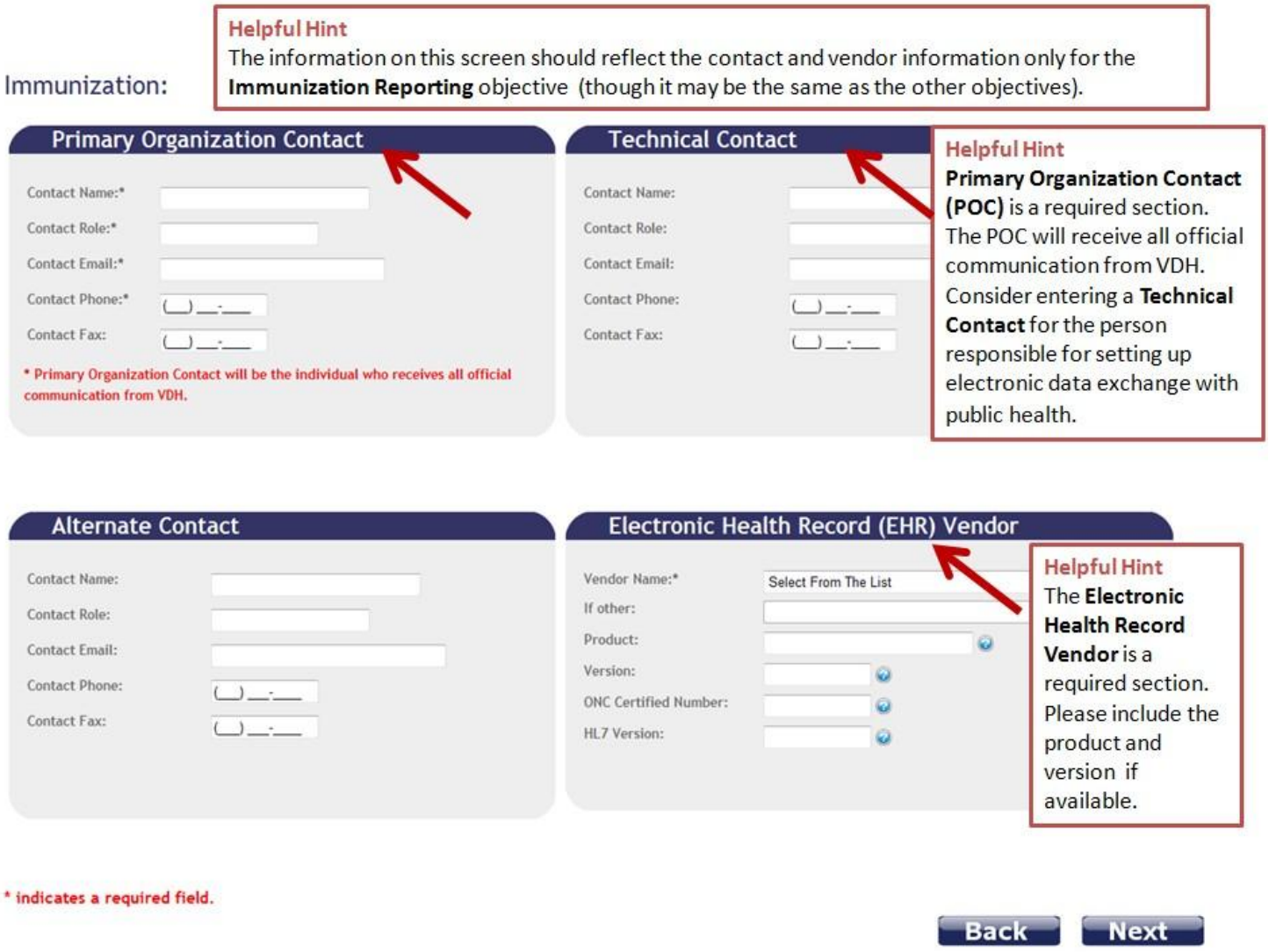
Continue to enter each professional of the practice until all are listed in the bottom box and click **Next**.



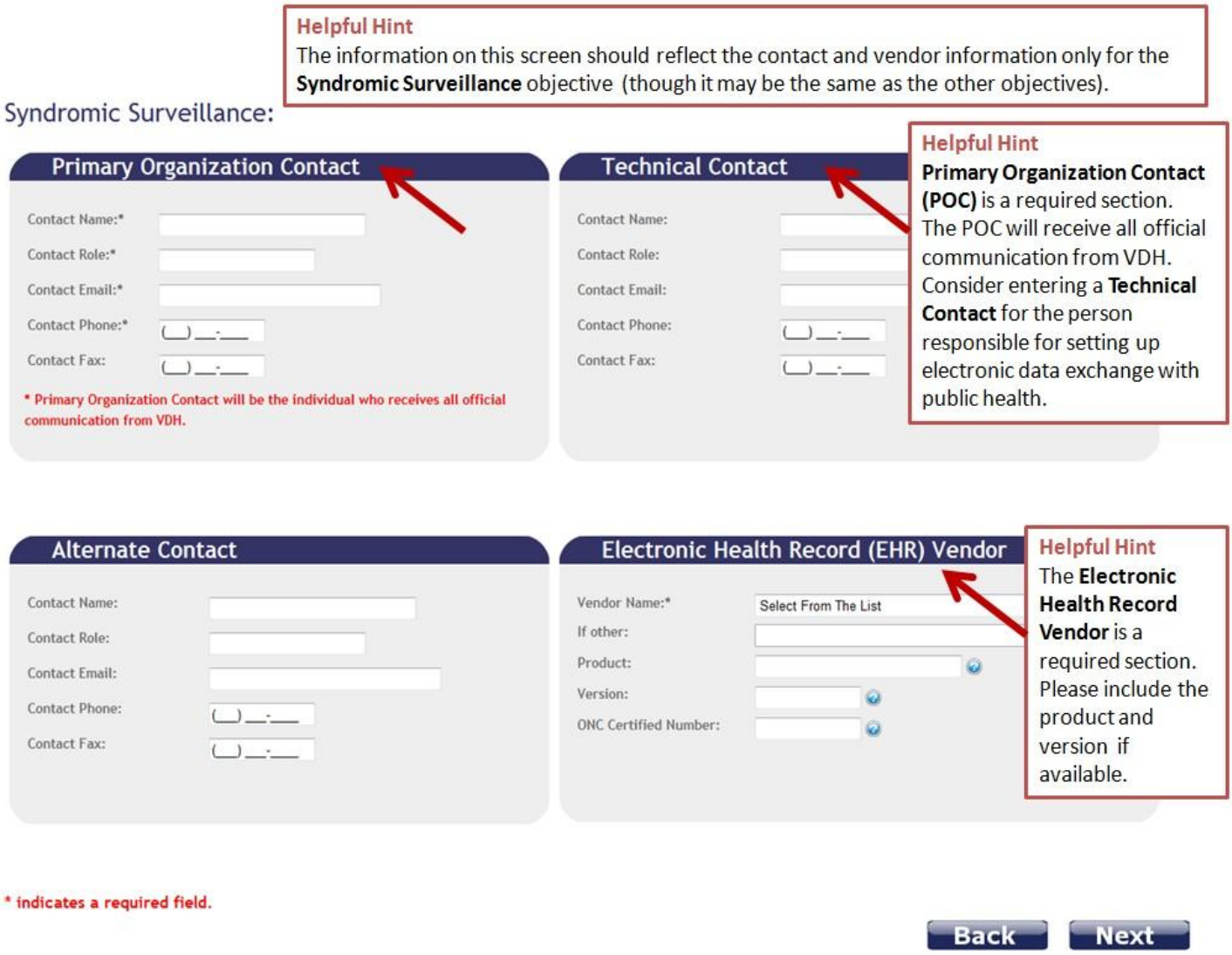
Cancer Reporting Objective



Immunization Objective



Syndromic Surveillance Objective



Registration Review

Helpful Hint
Once **Contact** and **Vendor** information is supplied for all objectives that were selected, a final Registration Review page is the last step before submitting registration.

Please review and click "Submit" button at the bottom of the page to complete registration. Click "Edit" to modify information entered in the registration form. If you would like to add another objective you must click "Edit" for the "Practice Information" section.

Expand All Sections | Collapse All Sections

Practice Information

Health Care System:	None	MU Stage:	Stage 1
Practice Name:	Test Practice - Richmond	Attestation Year:	1
Practice Type:	Family Medicine	Reporting Begin Date:	09/01/2013
NPI Number:		Reporting End Date:	09/15/2013
Incentive Program:	Medicare		

Helpful Hints
Review each section for accuracy and completion. If anything needs to be modified or added, click **Edit** for the respective section to make these changes.

Practice Locations

Name	Street	Zip Code	City	County/Independent City	State
Test Location - Richmond	123 Main Street	23219	RICHMOND	CITY OF RICHMOND	VA

Edit

Eligible Professionals

First Name	Last Name	Middle Name	NPI Number

Edit

Cancer Reporting

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax
Test Contact	Office Manager	test@test.com	(123) 131-3133	(___) ___-____

Edit

Vendor Name	If Other	Product	Version
Other EHR Not Listed			

Syndromic Surveillance

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax
Test Contact	Office Manager	test@test.com	(321) 313-1313	(___) ___-____

Edit

Vendor Name	If Other	Product	Version	ONC Certified Number
Other EHR Not Listed				

Immunization

Contact And Vendor Information:

Contact Name	Role	Email	Phone	Fax
Test Contact	Office Manager	test@test.com	(132) 131-3131	(___) ___-____

Edit

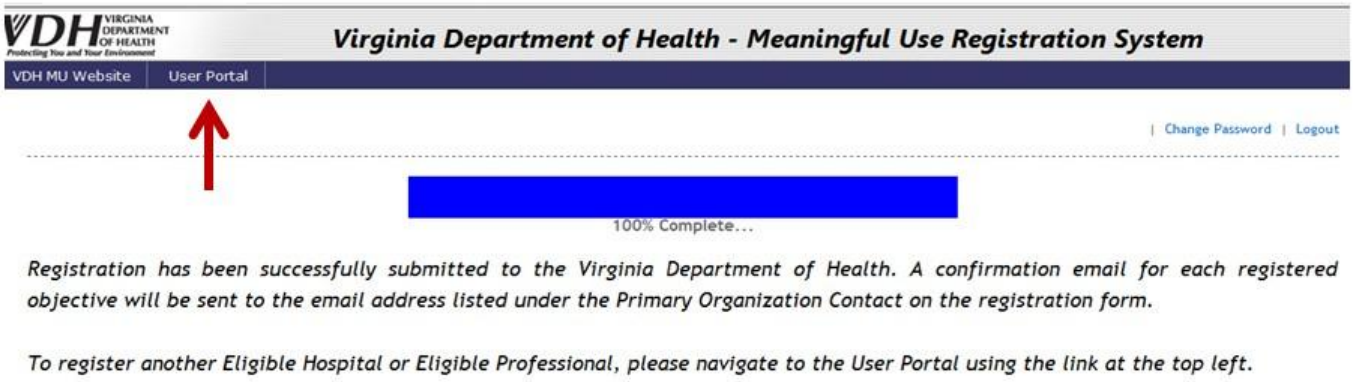
Vendor Name	If Other	Product	Version	ONC Certified Number	HL7 Version
Other EHR Not Listed					

Helpful Hint
If all information is correct and complete, click **Submit** at the bottom of the page to complete the registration.

Submit

Registration Confirmation

Helpful Hints
Once you hit **Submit,** the MU Registration System will indicate your successful registration and a confirmation email for each registered objective will be sent to the relevant Primary Organization Contact and any other contact provided on the registration form. The confirmation email will contain a unique **Registration ID** so you can track the status of your submitted registration.



Helpful Hint
To register another professional, or check the status of your submitted registration, click on **User Portal** at the top left.

Once a registration has been successfully submitted to VDH, your status will be “Registered”.

The VDH Meaningful Use statuses in order are:

- Registered
- Invited to Onboard
- Testing and Validation
- In Production

To ensure VDH has documentation of your progress towards ongoing data submission, a new registration is required for each attestation year.

Eligible Professional Checklist

The check list below outlines the information needed by Eligible Professionals to complete a registration form through the Virginia Department of Health Meaningful Use Registration System.

Eligible Professional **(* denotes required information)**		
Practice Information		**Complete?** ☒
Practice Name*	Enter the full business name of the practice. Do not use any abbreviations.	☐
Health Care System*	Select the organization to which the hospital belongs (i.e., is owned by or managed). If organization is not listed select "Other Organization Not Listed" and enter name of organization.	☐
Group NPI	10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).	☐
Practice Type*	Select the type or specialty of the practice. If the type or specialty is not listed select "Other Practice Type Not Listed" and enter the type of practice.	☐
MU Stage*	Select the stage of Meaningful Use for which the practice is attesting.	☐
Attestation Year*	Select the year of Meaningful Use for which the practice is attesting.	☐
Incentive Program*	Select the EHR Incentive Program for which the practice is attesting.	☐
Reporting Period Begin Date*	Enter the first date of the reporting period. If a reporting period has not been established please estimate date.	☐
Reporting Period End Date*	Enter the last date of the reporting period. If a reporting period has not been established please estimate date.	☐
Objective Selection ***(Must select at least one objective)***		
Cancer Reporting		☐
Syndromic Surveillance		☐
Immunization		☐
Practice Location ***(Must enter at least one location)***		
Location Name	Please provide at least one location. If there are multiple locations for this practice please list each location. The location name can be the same as the practice name	☐
Street	Street address where the practice is physically located.	☐
Zip Code	Zip code in which the practice physically located.	☐
City	City in which the practice is physically located. Field will be populated based on Zip Code entered.	☐
County/Independent City	County or independent city in which the practice is physically located. Field will be populated based on Zip Code entered.	☐

State	State in which the practice is physically located. Field will be populated based on Zip Code entered.	☐
Eligible Professionals (*Must enter at least one professional*)		
First Name		☐
Middle Initial		☐
Last Name		☐
NPI Number	10-digit National Provider Identifier issued by Centers for Medicare and Medicaid Services (CMS).	☐
Electronic Health Record (EHR) Vendor		
EHR Vendor Name*	Select the EHR vendor used to meet Meaningful Use. If vendor is not listed select "Other EHR Not Listed" and enter name of vendor.	☐
EHR Vendor Product	Enter the EHR vendor product used to meet Meaningful Use.	☐
EHR Product Version	Enter the version of the EHR product.	☐
ONC EHR Certified Number	Found here: http://oncchpl.force.com/ehrcert?q=chpl	☐
HL7 Version	Select version of HL7 that will be sent to public health. (*Immunization Only*)	☐
Primary Organization Contact		
Contact Name	Primary organization contact is required and will be the individual who receives all official communication information from VDH.	☐
Contact Role		☐
Contact Email		☐
Contact Phone		☐
Contact Fax		☐
Technical Contact (Optional – if entered, * denotes required information)		
Contact Name	Individual responsible for setting up electronic data exchange (e.g. integration analyst, EHR vendor)	☐
Contact Role		☐
Contact Email		☐
Contact Phone		☐
Contact Fax		☐
Alternate Contact (Optional – if entered, * denotes required information)		
Contact Name		☐
Contact Role		☐
Contact Email		☐
Contact Phone		☐
Contact Fax		☐